

STATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH AND HUMAN SERVICES

Office of Quality Assurance and Improvement



QUALITY SERVICE REVIEW

Report for

Mental Health Center of Greater Manchester

Issued April 19, 2017

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Acronyms

ACT	Assertive Community Treatment
BMHS	Bureau of Mental Health Services
CII	Client Interview Instrument
CMHA	Community Mental Health Agreement
CMHC	Community Mental Health Center
CRR	Clinical Record Review
DHHS	Department of Health and Human Services
DRF	Designated Receiving Facility
MHCGM	Mental Health Center of Greater Manchester
IPA	Inpatient Psychiatric Admission
ISP	Individualized Service Plan
NHH	New Hampshire Hospital
OQAI	Office of Quality Assurance and Improvement
QSR	Quality Service Review
SE	Supported Employment
SII	Staff Interview Instrument
SMI	Severe Mental Illness
SPMI	Severe and Persistent Mental Illness

Executive Summary

The NH Department of Health and Human Services (DHHS), Office of Quality Assurance and Improvement (OQAI) developed a Quality Service Review (QSR) process, in consultation with representatives of the plaintiffs and the Expert Reviewer, to assess the quality of the services provided by NH's Community Mental Health Centers (CMHCs) within the following Community Mental Health Agreement (CMHA) priority areas: crisis services, assertive community treatment (ACT), housing supports and services, supported employment (SE) and transitions from inpatient psychiatric facilities. The CMHA requires that the State conduct a QSR at least annually.

To evaluate the quality of the services and supports provided by CMHCs, as outlined in the CMHA, OQAI developed a structured assessment using qualitative and quantitative data from client interviews, staff interviews, clinical record reviews and DHHS databases to measure and score the CMHC's achievement of 11 indicators and 36 performance measures that represent best practices regarding the CMHA priority areas.

DHHS conducted the CMHC QSR at the Mental Health Center of Greater Manchester (MHCGM) in Manchester, NH from January 9 through January 13, 2017. The MHCGM QSR client sample included 23 randomly selected clients, eligible for services under severe mental illness (SMI) or severe and persistent mental illness (SPMI), who received at least one of the following services within the past 12 months: ACT, SE, crisis services, housing and transition planning. Assessment data was collected for each client for the period of January 1, 2016 through January 8, 2017. The data was inputted into an algorithm for each indicator and performance measure. Indicators were scored as either "Met," "Partially Met," or "Not Met" and performance measures were scored as either "Met" or "Not Met." A CMHC is required to submit a quality improvement plan to DHHS when any indicator does not meet the threshold of 70% of clients scoring "Met."

MHCGM scored "Met" for four of the 11 indicators. These indicators were identified as areas in need of improvement: Indicator 2, Indicator 3, Indicator 5, Indicator 6.1, Indicator 6.2, Indicator 7.1 and Indicator 9.

Table 1: MHCGM QSR Summary Results

Indicator	Number of Clients Scored	# of Clients with Indicator Met	# of Clients with Indicator Partially Met	# of Clients with Indicator Not Met	% of Clients with Indicator Met	Quality Improvement Plan Required	Total # of measures
1. Individuals have information about the full range of services and supports to meet their needs/goals	22	17	5	0	77%	No	2
2. Individuals are currently receiving the services/supports they need	22	14	7	1	64%	Yes	3
3. Treatment planning is person-centered	22	13	7	2	59%	Yes	6
4. Individuals are provided with ACT services when/if needed	4*	4	0	0	100%	No	2
5. Individuals are provided with services that assist them in finding and maintaining employment	22	15	7	0	68%	Yes	3
6.1 Individuals have stable housing	22	4	16	2	18%	Yes	4
6.2 Individuals have choice in their housing	22	10	9	3	45%	Yes	1
7.1 Individuals have effective crisis plans and know how to access crisis services	22	12	8	2	55%	Yes	2
7.2 Individuals received effective crisis services	9*	8	0	1	89%	No	3
8. Individuals have effective natural supports	22	20	2	0	91%	No	3
9. Individuals experienced successful transitions to the community from any inpatient admission within the past 12 months	10	6	3	1	60%	Yes	8

* Client data was excluded from scoring due to the relevant service or support being received outside the period of review.

I. Purpose

In 2014, the State of New Hampshire, the United States Department of Justice and a coalition of private plaintiff organizations entered into a Settlement Agreement (here after referred to as the Community Mental Health Agreement, [CMHA]) in the case of Amanda D. et al. v. Margaret W. Hassan, Governor, et. al.; United States v. New Hampshire, No. 1:12-cv-53-SM. The CMHA is intended to significantly impact and enhance the State's mental health service capacity in community settings. The intent of the CMHA is to enable a class of adults with severe mental illness (SMI) to receive needed services in the community, foster their independence and enable them to participate more fully in community life.

Section VII.C. of the CMHA requires the establishment of a quality assurance system to regularly collect, aggregate and analyze data related to transition efforts, as well as the problems or barriers to serving and/or keeping individuals in the most integrated setting. Such problems or barriers may include, but not be limited to insufficient or inadequate housing, community resources, mental health care, crisis services and supported employment (SE).

As part of the quality assurance system, the state is required to use a Quality Service Review (QSR) to evaluate the quality of services and supports included in the CMHA. Through the QSR process, the State will collect and analyze data to identify strengths and areas for improvement at the individual, provider and system-wide levels; identify gaps and weaknesses, as well as areas of highest demand; to provide information for comprehensive planning, administration and resource-targeting; and to consider whether additional community-based services and supports are necessary to ensure individuals have the opportunity to receive services in the most integrated setting.

The NH Department of Health and Human Services (DHHS), Office of Quality Assurance and Improvement (OQAI) developed a QSR process, in consultation with representatives of the plaintiffs and the Expert Reviewer, to assess the quality of the services provided by NH's Community Mental Health Centers (CMHCs) within the following CMHA priority areas: crisis services, assertive community treatment (ACT), housing supports and services, SE, and transitions from inpatient psychiatric facilities. The CMHA requires that the State conduct a QSR at least annually.

This report describes the QSR process, methodology, findings, conclusions, and next steps for the Mental Health Center of Greater Manchester (MHCGM).

II. Methodology

To evaluate the quality of services and supports outlined in the CMHA, the OQAI conducted a structured assessment of the services and supports provided to a random sample of CMHC clients. Assessment of the CMHC is focused on outcomes, indicators, and performance measures defined by OQAI that represent best practices regarding the CMHA priority areas of crisis services, ACT, housing supports and services, SE, and transitions from inpatient psychiatric facilities. The QSR assessment focuses on the services and supports provided to a random sample of CMHC clients. The quality of the services and supports are assessed based on data collected for each client during the most recent 12-month period. The QSR data is collected during the on-site review using standardized instruments: staff interview instrument (SII), client interview instrument (CII), and clinical record review (CRR), and from queries of DHHS databases.

Scoring

The CMHC QSR scoring framework includes nine outcomes which define achievement of the priority areas set forth by the CMHA. Each outcome is defined by at least one indicator, which is further defined by a number of related performance measures. The indicators and measures are scored at the client level; those scores are then used to calculate a final score for each indicator at the CMHC level.

Data is collected for each client from specific questions within the QSR instruments relevant to the measures and indicators (see Appendix 1: CMHC QSR Abbreviated Master Instrument). These data points are used to score each measure. Each measure is scored as “Met” or “Not Met” using an algorithm based on the information provided by the client interview, the staff interview, and the record review. Depending on the nature of the question, in some cases the client response is given more weight in scoring than the staff response or the information in the record review; in other cases the staff response may be given more weight. For most measures, however, the score is determined by the combination of responses provided by the client and the staff.

For example, Indicator 1 consists of Measure 1a and Measure 1b. Measure 1a is scored based on the response to Question 1 in the CII: a response of “Yes” results in a score of “Met,” a response of “No” or “Not Sure” results in a score of “Not Met.” Measure 1b is scored based on the responses to Question 3 in the CII and Question 2 in the SII: if the response to both CII Q3 and SII Q2 is “Yes,” the measure is scored as “Met”; if the response to CII Q3 is “No” but the response to SII Q2 is “Yes,” the measure is still scored as “Met”; and if the response to CII Q3 and SII Q2 are both “No,” the measure is scored as “Not Met.”

The score for each measure is then used in a separate algorithm to calculate the score for the related indicator. Each indicator is scored as “Met,” “Partially Met,” or “Not Met” based on the scores of the related measures. As with the scoring of the measures, each indicator has an algorithm and in some cases weighting is used to calculate the score. For example, Indicator 1 is scored using an algorithm involving Measure 1a and Measure 1b. Indicator 1 receives a score of “Met” if Measure 1a and Measure 1b are both “Met”; receives a score of “Not Met” if Measure 1a and Measure 1b are both “Not Met”; and receives a score of “Partially Met” if Measure 1a and Measure 1b are not in agreement (see Appendix 2: Indicator 1 Scoring Example).

Indicator 5 is an example of scoring using an algorithm involving weighting. Indicator 5 can only achieve a score of “Met” if Measure 5a, Measure 5b, and Measure 5c are all “Met”; it receives a score of “Not Met” if Measure 5a is “Not Met,” even if Measure 5b and Measure 5c are both “Met”; and receives a score of “Partially Met” if Measure 5a is “Met” but Measure 5b or Measure 5c is “Not Met.” Indicator 5 can also achieve a score of “Met” when 5a is “Met” and 5b and 5c are “Not Applicable.”

The final percentage for each indicator is determined by the total number of clients the indicator applies to and calculating the percent of clients scoring “Met.” An indicator receives a final score of “Met” when at least 70% of clients scored “Met” for that indicator. A CMHC is required to submit a quality improvement plan to DHHS when any indicator does not meet the threshold of 70% of applicable clients scoring “Met.”

The scoring excludes data from clients who received a relevant service or support outside the period of review (12-month period), as well as if the relevant service or support did not pertain to the client, therefore the number of clients scored for any given measure or indicator may vary. The number of clients scored may also vary due to clients not answering questions that are

required for the scoring algorithm. In all these instances, the total number of scores for a measure or an indicator may not equal the total number of clients interviewed. For example, clients who were not interested in receiving employment services or supports during the review period will not have a score for Measure 5b: Individuals received help in finding and maintaining employment or Measure 5c: Employment related services have been beneficial to the individual's employment goals. Clients who do not meet ACT eligibility criteria, or who received ACT services outside the period of review, will not have a score for Indicator 4: Individuals are provided with ACT services when/if needed.

Client Sample Size and Composition

The CMHC QSR client sample is randomly selected and consists of at least 20 clients eligible for services based on the category of SMI or severe and persistent mental illness (SPMI) who received at least one of the following services within the past 12 months: ACT, SE, crisis services, housing, and transition planning from an inpatient psychiatric admission. That sample is grouped into one of four categories: 1) *ACT/IPA*: clients receiving ACT services and have had at least one inpatient psychiatric admission (IPA) which includes voluntary, involuntary, and conditional discharge revocation admissions; 2) *ACT/No IPA*: clients receiving ACT services but who have not experienced an IPA within the past 12 months; 3) *No ACT/IPA*: clients who are not receiving ACT services but have experienced an IPA in the past 12 months; and 4) *No ACT/No IPA*: clients who are not receiving ACT services and have not experienced an IPA within the past 12 months. For each client, a staff member is selected to be interviewed who is familiar with the client, his/her treatment plan, the services he/she receives at the CMHC, and the activities that he/she participates in outside of the CMHC.

Data Sources

The CMHC QSR uses both quantitative and qualitative data to evaluate the quality of services and supports provided to clients. Data sources include in-depth interviews from both clients and staff collected specifically for the purposes of this evaluation, reviews of clients' clinical records and other CMHC records, and queries from the DHHS Phoenix and Avatar databases. Appendix 3 includes a list of the CMHC QSR instruments.

QSR Process

The CMHC QSR process includes a number of tasks performed by OQAI, Bureau of Mental Health Services (BMHS) and CMHC staff within a proscribed timeframe involving communication, logistics, IT, data entry, data analytics, scheduling, transportation, training, orientation, interviewing, and scoring. Pre-requisite tasks and forms are completed by both parties prior to the onsite portion of the QSR. During the onsite review period, daily meetings are held to seek assistance from the CMHC staff, if needed, and to ensure consistent practice and inter-rater reliability among the QSR reviewers. If a reviewer is unable to locate adequate evidence in the CMHC's clinical record, the reviewer documents that instance as "no evidence." The CMHC is given the opportunity to locate documentation within its clinical record system. The QSR reviewers determine whether the evidence located by the CMHC is adequate and would result in a response other than "no evidence." A final meeting is held with CMHC administration and staff to solicit feedback and to address concerns. During the post-onsite period, any follow-up tasks required of the CMHC are completed and OQAI commences scoring.

Report of Findings/Quality Improvement Plans

A report of the draft findings of the CMHC QSR is provided to the CMHC. The CMHC has 15 calendar days to submit factual corrections and any significant information relevant to the QSR report for OQAI to consider prior to issuing the final report. The final report is distributed to the CMHC, representatives of the plaintiffs and the Expert Reviewer. The CMHC has 30 calendar days to submit a quality improvement plan to DHHS for review by the BMHS Director. The BMHS Director informs the CMHC if the plan is approved or needs revision. At a minimum, the written response will contain action steps describing how the CMHC plans to improve the identified focus areas, the responsible person(s), and an implementation timeline. Once approved, any changes made to the plan must be approved by the BMHS Director. Oversight of the implementation of the quality improvement plan and any needed technical assistance are provided by BMHS staff.

III. Mental Health Center of Greater Manchester QSR Findings

Overview

The QSR was conducted at the MHCGM office in Manchester, NH. Additional information about MHCGM is found in Appendix 4: Agency Overview. Nine hundred and sixteen (916) MHCGM clients met the QSR sample criteria. A random sample of 23 eligible clients was drawn from this pool to be interviewed. Table 2 shows the distribution of clients by the four sample categories.

Table 2: Number of clients by category

	FULL SAMPLE		CLIENTS INTERVIEWED	
CATEGORY	Number	Percent	Number	Percent
ACT/IPA	53	6	6	27.3
ACT/NO IPA	175	19	6	27.3
NO ACT/IPA	105	11	4	18.1
NO ACT/NO IPA	583	64	6	27.3
Total	916	100	22	100

The MHCGM QSR assessment included a review of 23 clinical records, 22 client interviews, and 23 staff interviews. Of the 23 clients in the sample, one client interview could not be completed. Table 3 shows the distribution of interview and review activities.

Table 3: Review Activities

	Number In person	Incomplete	Total
Clients Interviewed	22	1	23
Staff Interviewed	23	0	23
Clinical Records Reviewed	23	0	23

During the week of January 9, 2017, five teams consisting of staff from OQAI and BMHS completed the onsite data collection process. Assessment data was collected for the review period of January 1, 2016 through January 8, 2017. Following the onsite review, the assessment data was scored. Analysis of the scores was then completed.

MHCGM Scores

Indicator 1: Individuals have information about the full range of services and supports to meet their needs/goals

Providing timely information to individuals about the services available within the CMHC and through community agencies that is centered on their needs and goals indicates that the CMHC has a person-centered orientation to client choice in service options, and supports the client in connecting to his or her community.

Indicator 1 assesses whether CMHC clients were provided with information about the array of services and supports offered by the CMHC and other community agencies that best meet their needs. Twenty-two clients were scored for Indicator 1. Seventeen clients received a score of “Met,” five clients received a score of “Partially Met,” and none received a score of “Not Met.” MHCGM received a score of “Met” for Indicator 1 because 77% of the 22 clients received a score of “Met,” indicating that they were provided with information about the services and supports available to them at the CMHC and in the community.

Indicator 1 consists of Measure 1a and Measure 1b. Clients were scored as follows:

	Clients Met	Clients Not Met
Measure 1a: Individuals have been provided with an overall review of CMHC services that best address their needs and goals.	17	5
Measure 1b: Individuals were provided with information about the full range of services and supports in the community that best address their needs and goals.	22	0

Indicator 2: Individuals are currently receiving the services/supports they need

Indicator 2 focuses on a review of the most current individualized service plan (ISP)/treatment plan to determine whether clients are receiving the identified services and supports given their current needs and goals.

Twenty-two clients were scored for Indicator 2. Fourteen clients received a score of “Met,” seven received a score of “Partially Met,” and one received a score of “Not Met.” MHCGM received a score of “Not Met” for Indicator 2 because 64% of the 22 clients received a score of “Met,” indicating that they had documentation verifying that they were assessed for service/support needs within the past 12 months, the services on their current ISP/treatment plan

are consistent with their assessed needs, and they felt they were receiving the services they needed.

Indicator 2 consists of Measure 2a, Measure 2b, and Measure 2c. Clients were scored as follows:

	Clients Met	Clients Not Met
Measure 2a: Individuals are assessed for service/support needs within the past 12 months.	22	0
Measure 2b: The services that individuals are receiving are consistent with their assessed needs as recorded on their current ISP/Treatment Plan.	20	2
Measure 2c: Individuals feel they are receiving all of the services/supports they need.	17	5

Indicator 3: Treatment planning is person-centered

Person-centered care means consumers have choices over their services, including the amount, duration, and scope of services, as well as choice of providers. Person-centered care is respectful and responsive to the cultural, linguistic, and other social and environmental needs of the individual. In addition, person-centered treatment planning is a collaborative process where clients and families are core participants in the development of treatment goals and services provided, to the greatest extent possible. Person-centered treatment planning is strength-based and focuses on individual capacities, preferences, and goals.¹

Indicator 3 evaluates whether treatment planning at MHCGM is person-centered, strengths-based, individualized, and engages the client. Twenty-two clients were scored for Indicator 3. Thirteen clients received a score of “Met,” seven received a score of “Partially Met,” and two received a score of “Not Met.” MHCGM received a score of “Not Met” because 59% of clients received a score of “Met,” indicating that they experienced person-centered treatment planning as defined by measures 3a-f.

Indicator 3 consists of Measure 3a, Measure 3b, Measure 3c, Measure 3d, Measure 3e, and Measure 3f. Clients were scored as follows:

	Clients Met	Clients Not Met
Measure 3a: Individuals were given a choice in how their treatment planning was conducted.	8	14
Measure 3b: Individuals attended their most recent ISP/Treatment plan meeting.	14	8
Measure 3c: Individuals signed their most recent ISP/treatment plan.	19	3
Measure 3d: Individuals' strengths are evident in their most recent ISP/Treatment plan.	21	1
Measure 3e: Individuals were involved in identifying their goals in their most recent ISP/Treatment plan.	21	1
Measure 3f: Individuals understand their most recent ISP/Treatment plan.	11	11

Indicator 4: Individuals are provided with Assertive Community Treatment (ACT)

Services when/if needed

ACT is an evidence-based service delivery model designed to provide multi-disciplinary treatment and supports in the community to adults who need more flexible and adaptive services than traditional outpatient office-based services.

For Indicator 4, the clinical records for all 22 clients in the sample were reviewed to determine whether clients met the criteria to qualify for ACT services, if a referral was made within the past 12 months for those that qualify, and if those referred were placed on an ACT team. Assessment data indicated eight clients have been on an ACT team for longer than 12 months, therefore their referral was made prior to the period under review; ten clients did not to meet ACT criteria and are also not applicable, for a total of 18 clients not applicable.

MHCGM received a score of "Met" for Indicator 4 because 100% of the four applicable clients received a score of "Met," indicating that they were referred to ACT and received ACT services when appropriate.

Indicator 4 consists of Measure 4a and Measure 4b. Clients were scored as follows:

	Clients Met	Clients Not Met
Measure 4a: ACT referral was made when appropriate.	4	0
Measure 4b: Individuals started ACT if appropriate.	4	0

Indicator 5: Individuals are provided with services that assist them in finding and maintaining competitive employment

Employment support services are designed to help people with mental illness find and keep meaningful jobs in the community, include providing individualized assistance in job development, case management, benefits counseling, and exploring transportation needs. All clients who want to work are eligible for supported employment services. Obtaining and maintaining access to job opportunities supports community integration and independence. A component of employment services is Supported Employment, an evidence-based practice.

Indicator 5 measures whether individuals are provided with services that assist them in finding and maintaining employment and whether the services they received were beneficial. Twenty-two clients were scored for Indicator 5. Fifteen clients received a score of “Met,” seven received a score of “Partially Met,” and none received a score of “Not Met.” MHCGM received a score of “Not Met” for Indicator 5 because 68% of the 22 clients received a score of “Met,” indicating they were assessed for employment needs, received help in finding or maintaining employment upon expressing interest, and reported services being helpful to meeting their employment goals. Of the 22 clients scored in Measure 5a, 10 clients were not interested in receiving employment support services and therefore were considered “not applicable” and not scored for Measure 5b. Of the 12 clients interested in receiving employment services, six did not receive employment related services and therefore were considered “not applicable” and not scored for Measure 5c.

Indicator 5 consists of Measure 5a, Measure 5b, and Measure 5c. Clients were scored for Measure 5a as follows:

	Clients Met	Clients Not Met
Measure 5a: Individuals are assessed for employment needs	22	0
Measure 5b: Individuals received help in finding and maintaining employment	7	5
Measure 5c: Employment related services have been beneficial to individuals' employment goals	4	2

Indicators 6.1 and 6.2 assess whether individuals have quality housing that comprises choice safety, affordability, integration, and flexible services. The U.S. Department of Justice (DOJ) interprets the Americans with Disabilities Act's anti-discriminatory provision as follows: “A

public entity shall administer services, programs and activities in the most integrated setting appropriate to the needs of qualified individuals with disabilities,” meaning “a setting that enables individuals with disabilities to interact with non-disabled persons to the fullest extent possible.”² Access to housing that is stable (safe and affordable), having choice in housing, and having the supports necessary to maintain housing are important dimensions of increased independence, community integration, health, and well-being.

Indicator 6.1: Individuals have stable housing

Indicator 6.1 evaluates whether the client has stable housing as defined by Measures 6.1 a-d. Twenty-two clients were scored for Indicator 6.1. Four clients received a score of “Met,” 16 clients received a score of “Partially Met,” and two clients received a score of “Not Met.”

MHCGM received a score of “Not Met” for Indicator 6.1 because 18% of the 22 clients received a score of “Met,” indicating they have safe housing, are not at risk of losing their housing, lived in two or fewer residences in the past 12 months, and received needed services related to housing.

Indicator 6.1 consists of Measure 6.1a, Measure 6.1b, Measure 6.1c, and Measure 6.1d. Two clients were considered “not applicable” and did not receive a score for Measure 6.1d because they did not need housing services. Clients were scored as follows:

	Clients Met	Clients Not Met
Measure 6.1a: Individuals have safe housing	19	3
Measure 6.1b: Individuals have not been at risk of losing housing	9	13
Measure 6.1c: Individuals have lived in two or fewer residence in the past 12 months	19	3
Measure 6.1d: Individuals received needed services related to housing	10	10

Indicator 6.2: Individuals have-choice in their housing

Indicator 6.2 asks about whether clients have meaningful choices related to their preferences regarding housing. Twenty-two clients were scored for Indicator 6.2. Ten received a score of “Met,” nine received a score of “Partially Met,” and three clients received a score of “Not Met.” MHCGM received a score of “Not Met” for Indicator 6.2 because 45% of the 22 clients received

a score of “Met,” indicating their current housing reflects their most important housing preferences and needs.

Indicator 6.2 consists of Measure 6.2a. Clients were scored as follows:

	Clients Met	Clients Not Met
Measure 6.2a: Individuals housing reflects their housing preferences and needs	10	12

Crises have a profound impact on persons living with severe mental illness³. Availability of comprehensive and timely crisis services can serve to decrease the utilization of emergency departments and involvement in the criminal justice system and increase community tenure. Indicators 7.1 and 7.2 assess whether individuals receive comprehensive crisis planning and effective crisis intervention services.

Indicator 7.1: Individuals have effective crisis plans and know to access crisis services

Indicator 7.1 evaluates whether individuals have current crisis plans and know how to access crisis services. Twenty-two clients were scored for Indicator 7.1 Twelve clients received a score of “Met,” eight received a score of “Partially Met,” and two received a score of “Not Met.” MHCGM received a score of “Not Met” for Indicator 7.1 because 55% of the 22 clients received a score of “Met,” indicating they have a current, individualized crisis plan and know how to access crisis services.

Indicator 7.1 consists of Measure 7.1a and Measure 7.1b. Clients were scored as follows:

	Clients Met	Clients Not Met
Measure 7.1a: Individuals have effective crisis plans	14	8
Measure 7.1b: Individuals know how to access crisis services	17	5

Indicator 7.2: Individuals received effective crisis services

Indicator 7.2 evaluates whether the crisis services received by the client in the past 12 months were effective, as defined by being provided in a timely manner, being helpful to the client, and being comprehensive (risk assessment, discussion of options, follow-up, communication with emergency services staff).

Nine clients were scored for Indicator 7.2. Eleven clients had not received a MHCGM crisis service in the past 12 months. Two clients could not remember the crisis episode, therefore, were considered “not applicable” and not scored. Eight clients received a score of “Met,” no clients received a score of “Partially Met,” and one received a score of “Not Met.” MHCGM received a score of “Met” for Indicator 7.2 because 89% of the nine clients received a score of “Met,” indicating they received timely and comprehensive crisis services, and found their crisis services to be helpful.

Indicator 7.2 consists of Measure 7.2a, Measure 7.2b, and Measure 7.2c. One client could not answer a question in Measure 7.2a, therefore, could not be scored. Another client could not answer a question in Measure 7.2c, therefore, also could not be scored. Clients were scored as follows:

	Clients Met	Clients Not Met
Measure 7.2a: Individuals receive timely crisis services	8	0
Measure 7.2b: Crisis services are helpful to individuals	8	1
Measure 7.2c: Individuals receive crisis services that are comprehensive	7	1

Indicator 8: Individuals have effective natural supports

The Substance Abuse and Mental Health Services Administration (SAMHSA) identifies social networks and community relationships as a key contribution to recovery. Studies have shown that individuals with a greater diversity of relationships and/or involvement in a broad range of social activities have healthier lives and live longer than those who lack such supports. Typically, people with mental illness may have social networks half the size of the networks among the general population.⁴ Natural supports may include family, friends, neighbors, as well as informal resources such as staff at recreation centers, hair stylists, and clergy.

Indicator 8 evaluates whether natural supports are used to assist clients with treatment and recovery. Twenty-two clients were scored for Indicator 8. Twenty clients received a score of “Met,” two received a score of “Partially Met,” and none received a score of “Not Met.” MHCGM received a score of “Met” for Indicator 8 because 91% of clients received a score of

“Met,” indicating they discussed natural supports with CMHC staff, identified natural supports, and utilized natural supports.

Indicator 8 consists of Measure 8a, Measure 8b, and Measure 8c. Clients were scored as follows:

	Clients Met	Clients Not Met
Measure 8a: The benefit of natural supports are discussed	22	0
Measure 8b: Natural supports are identified	20	2
Measure 8c: Natural supports are utilized	16	6

Indicator 9: Individuals experienced successful transitions to the community from any inpatient admission within the past 12 months

Per the CMHA, VII.C.1, the State will collect information related to both successful and unsuccessful transitions process. Successful transitions are inter-related with other QSR indicators regarding housing, CMHC and community supports, crisis services, and employment services.

Indicator 9 measures whether individuals experienced successful transitions to the community from inpatient admissions within the past 12 months, as defined by measures 9a-9h.

Of the 22 clients interviewed, 10 had an inpatient psychiatric admission during the past 12 months. Of the 10 clients scored, six received a score of “Met,” three received a score of “Partially Met,” and one received a score of “Not Met.” MHCGM received a score of “Not Met” for Indicator 9 because 60% of applicable clients received a score of “Met,” indicating they experienced a successful transition to the community.

Indicator 9 consists of Measure 9a, Measure 9b, Measure 9c, Measure 9d, Measure 9e, Measure 9f, Measure 9g, and Measure 9h. For Measure 9f, two of the 10 clients had employment prior to hospitalization, therefore, the measure was “not applicable” for the other eight clients. For Measure 9h, one client was not receiving health and financial benefits prior to hospitalization, therefore, was considered “not applicable” and not scored. Clients were scored as follows:

	Clients Met	Clients Not Met
Measure 9a: Individuals attended a face-to-face appointment with the CMHC within seven days of discharge	8	2
Measure 9b: Individuals are involved in their transition planning from the inpatient psychiatric episode back into the community	7	3
Measure 9c: There was in-reach while individuals were in an inpatient psychiatric facility	10	0
Measure 9d: Individuals transitioned to appropriate housing	10	0
Measure 9e: Individuals have maintained connections with natural supports	9	1
Measure 9f: Individuals have maintained employment upon discharge	2	0
Measure 9g: Individuals' health benefits and financial benefits were maintained and/or reinstated for their transition home	8	1
Measure 9h: The CMHC receives the inpatient discharge summary when individuals return to the community	10	0

IV. Additional Results

During the client and staff interviews, explanations and additional information were provided regarding interviewee responses to the questions. The following reflections are offered based on those comments, as well as additional analysis of the data collected:

Indicator 1: Seventeen of the clients interviewed were able to recall information that had been reviewed with them regarding services and supports to meet their needs and/or goals. The clients reported that MHCGM reviewed services such as housing, supported employment, assistance with finding a job, medical care, and information regarding food stamps. MHCGM also reviewed community support services such as local food pantries, transportation to and from medical appointments, peer supports, and resources for addictions, including Alcoholics Anonymous and Narcotics Anonymous.

Indicator 2: Twenty-two clients answered interview questions regarding satisfaction with the services they are receiving from MHCGM. Eleven of the clients were very satisfied, six were satisfied, four were neither satisfied nor dissatisfied and one client was dissatisfied (CII Q128).

Eleven of the 12 clients in the ACT sample indicated ACT services helped them address their individual problems and supported their recovery efforts (CII Q16).

When clients were asked if they felt they were receiving all of the services needed, five out of 22 clients reported “Somewhat” and 17 reported “Yes” on a scale of “Yes,” “No,” or “Somewhat” (CII Q5).

Indicator 3: Thirteen of 22 clients stated they were not asked if they wanted to invite anyone to discuss their goals at treatment planning meetings (CII Q7). Of those 13, 10 reported they were satisfied with who was part of their treatment plan meetings (CII Q10).

For one client, English is not his/ her primary language and required an interpreter. For this client, the clinical record documented a treatment plan written in English and not the client’s primary language.

Indicator 5: Six clients reported they have part-time, competitive employment (CII Q30, CRR Q26).

Twelve clients stated they were interested in receiving help to find or maintain a job (CII Q23). Of those clients, six reported they received employment support services (CII Q23). Staff who were interviewed described employment support services as including preparing for interviews, on site job support, assessment of skills, job search skills, and visiting potential jobs.

Indicator 6.1: Fourteen clients lived in independent private residences, four lived in residential care, two clients were homeless, one lived in a rooming house, and one lived in a long-term shelter (CII Q34).

Thirteen clients reported they were at risk of losing housing due to financial and other reasons (Measure 6.1b). MHCGM staff reported that of those clients, nine received budgeting support services, eight clients received landlord housing support services, and eight received assistance with general paperwork related to housing (SII Q45).

Indicator 6.2: Of the clients who indicated they did not get to choose where they currently live, many cited there were ‘no other options’ given their fixed income (CII Q49).

Indicator 7.1: The review of clinical records found all 22 clients had a current CMHC documented crisis plan (CRR Q35), however, four crisis plans were not specific to the individual (CRR Q36).

Indicator 8: Interviews with clients indicated most could identify family or friends in their lives who are a support to them. Several clients also identified the use of community resources such as

Road to Recovery, the Moore Center, Granite Pathways, and volunteering at a sober house or Habitat for Humanity.

V. Conclusions

MHCGM scored “Met” for four of the 11 indicators. Indicators 2, 3, 5, 6.1, 6.2, 7.1 and 9 did not meet the 70% threshold of clients achieving the outcome. Based on the QSR assessment data, the following focus areas are identified for incremental improvements over the next year:

1. *Increase the number of clients who are able to get all the services they need* (Indicator 2). Assessment data indicated five of the clients interviewed stated they have not been able to get all the services they need (Measure 2c, CII Q5).
2. *Increase the number of clients receiving person-centered treatment planning* (Indicator 3). Assessment data indicated 14 clients were not given a choice in how their treatment plan was developed, per NH DHHS Administrative Rule He-M 401.10(d) (Measure 3a, CII Q7, CII Q9, CII Q10). Eight clients did not attend their most recent treatment plan meeting (Measure 3b, CII Q8). Eight of the clinical records reviewed did not have treatment plans written in a style and language that are understandable to the client and other non-professionals per NH DHHS Administrative Rule He-M 408.08(c) (Measure 3f, CRR Q10).
3. *Increase the number of clients provided employment support services* (Indicator 5). Assessment data indicated that six of the 12 clients interested in receiving employment services did not receive Supported Employment or other support services (Measure 5b, CII Q23). Three of those six clients had employment goals identified in the clinical record (CRR Q21).
4. *Increase the number of clients with stable housing* (Indicator 6.1). Assessment data indicated 10 clients who reported needing housing supports, or had clinical record documentation of needing housing supports, did not receive needed housing supports (Measure 6.1d, CRR Q33, CII Q45, CII Q46).

5. *Increase the number of clients who have choice in their housing* (Indicator 6.2). Nine clients indicated they did not get to choose where they currently live (Measure 6.2a, CII Q48).
6. *Increase the number of clients who identify having a crisis plan* (Indicator 7.1). Eleven clients stated they did not have or were not sure if they had a current crisis plan (Measure 7.1a, CII 54).
7. *Increase the number of clients with a successful transition from a psychiatric hospitalization or Glencliff Home* (Indicator 9). Of the four clients who received a score of “Partially Met” or “Not Met” for this indicator, two did not receive a face-to-face appointment within seven days of discharge (Measure 9a, CRR Q52, CP-D Q17), and three of the clients reported they were not involved in the discharge planning process (Measure 9b, CII Q95).

VI. *Next Steps*

Within 30 calendar days of receipt of this final report, MHCGM is to submit a written quality improvement plan to the BMHS Director in response to the identified focus areas in the Conclusions section.

VII. *Addendum*

MHCGM had an opportunity to review the QSR initial report and submit information for DHHS’ consideration prior to this final report being issued. In response to MHCGM’s submission, the following revisions were made to the initial QSR report and are contained in this final report:

- The page numbers in the Table of Contents were updated.
- Additional scoring explanation and examples of the scoring algorithm were added to Section II, Methodology.
- Additional description of scoring for each indicator, associated measures, and explanation of changes in subset sampling numbers (“n”), was added to Section III, MHCGM QSR Findings.

- The score for Indicator 7.1 in Section III, MHCGM QSR Findings, was corrected to reflect the listed 55% in Table 1: MHCGM QSR Summary Results.
- The description language for Indicator 7.1 was updated to be consistent with the Indicator descriptor in Table 1: MHCGM QSR Summary Results.
- The Appendices were updated to include an Indicator 1 Scoring Example.

References

1. SAMHSA, Person- and Family-Centered Care and Peer Support, (2017, January 20) retrieved from <https://www.samhsa.gov/section-223/care-coordination/person-family-centered>,
2. 28 C.F.R., Part 35, Section 130 and Appendix A
3. SAMHSA, “Practice Guidelines: Core Elements in Responding to Mental Health Crises”, Rockville, Maryland, SAMHSA 2009
4. Temple University Collaborative on Community Inclusion, “ Natural Supports”, http://tucollaborative.org/pdfs/Toolkits_Monographs_Guidebooks/relationships_family_friends_intimacy/Natural_Supports.pdf

Appendices

Appendix 1: CMHC QSR Abbreviated Master Instrument

Outcome 1. Individuals have information about the full range of services and supports to meet their needs/goals.

Indicator	Measure	Data Source	Indicator/Measure	Met	Not Met	NA	Met	Not Met	NA
1			Individuals have information about the full range of services and supports to meet their needs/goals.						
	1a		Individuals have been provided with an overall review of CMHC services that best address his or her needs and goals. CII Q1						
	1b		The individuals were provided with information about the full range of services and supports in the community that best address his or her needs and goals. CII Q3, SII Q2						

Outcome 2. Individuals are currently receiving the services they need.

Indicator	Measure	Data Source	Indicator	Met	Not Met	NA	Met	Not Met	NA
2			Individuals are currently receiving all of the services he/she needs.						
	2a		Individuals were assessed for service/support needs within the past 12 months. CRR Q7						

Indicator	Measure	Data Source	Indicator	Met	Not Met	NA	Met	Not Met	NA
	2b		The services the individuals are receiving are consistent with the individuals' assessed needs as recorded on the current ISP/Treatment Plan. CRR Q3, SII Q5, CRR Q4						
	2c		Individuals feel they are receiving all of the services/supports he/she needs CII Q5						

Outcome 3. Treatment planning is person-centered.

Indicator	Measure	Data Source	Indicator	Met	Not Met	NA	Met	Not Met	NA
3			Treatment planning is person-centered						
	3a		Individuals were given a choice in how his/her treatment planning was conducted. CII Q7, CII Q9, CII Q10						
	3b		Individuals attended their most recent ISP/treatment plan meeting CII Q8						
	3c		Individuals signed their most recent ISP/treatment plan CRR Q8						
	3d		Individuals' strengths are evident in the most recent ISP/Treatment plan CRR Q9						
	3e		Individuals were involved in identifying his/her goals in the ISP/treatment plan						

Indicator	Measure	Data Source	Indicator	Met	Not Met	NA	Met	Not Met	NA
			CII Q12, CII Q13, SII Q11						
	3f		Individuals understood their most recent ISP/Treatment plan. CRR Q10, CII Q14						

Outcome 4. Individuals are provided with ACT services when/if needed.

Indicator	Measure	Data Source	Indicator	Met	Not Met	NA	Met	Not Met	NA
4			Individuals are provided with ACT services when/if needed						
	4a		ACT referral was made when appropriate CRR Q14, CRR Q15, SII Q14, SII Q15						
	4b		Individuals started ACT if appropriate. CRR Q17, CRR Q19, SII Q16, SII Q17						

Outcome 5. Individuals are provided with services that assist them in finding and maintaining employment.

Indicator	Measure	Data Source	Indicator	Met	Not Met	NA	Met	Not Met	NA
5			Individuals are provided with services that assist in finding and maintaining employment and are satisfied with the services they received.						

Indicator	Measure	Data Source	Indicator	Met	Not Met	NA	Met	Not Met	NA
	5a		Individuals are assessed for employment needs CRR Q20, CRR Q21, SII Q21						
	5b		Individuals received help in finding and maintaining employment CRR Q21, CII Q22, SII Q24, CII Q23, SII Q26, CRR Q22						
	5c		Employment related services have been beneficial to individuals' employment goals CRR Q21, CII Q22, SII Q24, CII Q25, SII Q29, CII Q27						

Outcome 6. Individuals have quality housing.

Indicator	Measure	Data Source	Indicator	Met	Not Met	NA	Met	Not Met	NA
6.1			Individuals have stable housing						
	6.1a		Individuals have safe housing CRR Q31, SII Q36, CII Q34, CP-C Q11, CII Q35, CII Q37, SII Q37						
	6.1b		Individuals have not been at risk of losing housing CII Q39, SII Q39, SII Q41						
	6.1c		Individuals have lived in two or fewer residences in the past 12 months CII Q44, SII Q43						
	6.1d		Individuals received needed services related to housing CRR Q32, CRR Q33, CII Q45, CII Q46, SII Q45						
6.2			Individuals has choice in their housing						

Indicator	Measure	Data Source	Indicator	Met	Not Met	NA	Met	Not Met	NA
	6.2a		Individuals' housing reflects his/her housing preferences and needs CII Q48, CII Q51						

Outcome 7. Individuals receive comprehensive crisis planning and effective crisis intervention services.

Indicator	Measure	Data Source	Indicator	Met	Not Met	NA	Met	Not Met	NA
7.1			Individuals have effective plans and know how to access crisis services						
	7.1a		Individuals have effective crisis plans CRR Q35, CRR Q36, CII Q54, SII Q48						
	7.1b		Individuals know how to access crisis services CII Q55, CII Q56						
7.2			Individuals received effective crisis services						
	7.2a		Individuals receive timely crisis services CII Q63, CII Q64						
	7.2b		Crisis services are helpful to individuals CII Q70, CII Q73, CII Q74, CII Q59						
	7.2c		Individuals receive crisis services that are comprehensive CII Q61, CII Q65, CII Q67, CII Q68, SII Q5, SII Q54, SII Q51, SII Q53, CRR Q39, CRR Q40, CRR Q41						

Outcome 8: Individuals have effective natural supports.

Indicator	Measure	Data Source	Indicator	Met	Not Met	NA	Met	Not Met	NA
8			Individuals have effective natural supports						
	8a		The benefit of natural supports are discussed CII Q76, SII Q55, SII Q63, CII Q86						
	8b		Natural supports are identified CII Q78, SII Q56, SII Q57, CRR Q42						
	8c		Natural supports are utilized CII 78, CII Q85, SII Q64, SII Q69						

Outcome 9. Individuals experienced successful transitions to the community from any inpatient psychiatric admission within the past 12 months.

Indicator	Measure	Data Source	Indicator	Met	Not Met	NA	Met	Not Met	NA
9			Individuals experienced successful transition to the community from any inpatient psychiatric admission within the past 12 months.						
	9a		Individuals attended face to face appointment with the CMHC within seven days of discharge CRR Q52, CP-D Q17						
	9b		Individuals are involved in their transition planning from the inpatient psychiatric episode back into the community CII Q95, CII Q97, SII Q73						
	9c		There was in-reach while the individuals were in an inpatient psychiatric facility. CII Q99, CRR Q53, SII Q76, SII Q78						

Indicator	Measure	Data Source	Indicator	Met	Not Met	NA	Met	Not Met	NA
	9d		Individuals transitioned to appropriate housing CII Q103, SII Q80, CII Q106, SII Q82						
	9e		Individuals maintained connections with natural supports CII Q114, CII Q116, SII Q94						
	9f		Individuals maintained employment upon discharge CII Q118, SII Q98, CII Q122, SII Q99						
	9g		Individuals' health benefits and financial benefits were maintained and/or reinstated for their transition home CII Q125, SII Q105						
	9h		The CMHC receives the inpatient discharge summary when individuals return to the community CRR Q55						

Appendix 2: Indicator 1 Scoring Example

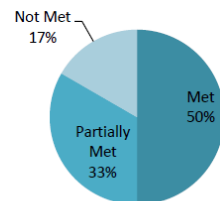
INDICATOR 1																			
Client	Indicator 1 INDIVIDUALS HAVE INFORMATION ABOUT THE FULL RANGE OF SERVICES AND SUPPORTS TO MEET THEIR NEEDS/GOALS.				1a Provided with overall review of services			CII Q1 Provided info about the services available to you here at (CMHC)			1b Provided with info about services/supports in community			CII Q3 Provided with info about services available in the community			SII Q2 Provided with info about services available in the community		
	Met	Partially Met	Not Met	N/A	Met	Not Met	NA	Yes	No	Not sure	Met	Not Met	NA	Yes	No	Not Sure	Yes	No	Not Sure
Apple	1				1			1			1				1		1		
Blossom			1			1				1		1			1			1	
Cherry	1				1			1			1				1		1		
Dahlia		1				1				1	1					1	1		
Echinacea	1				1			1			1					1	1		
Flowers		1				1				1	1			1			1		
N= 6	3	2	1	0	3	3	0	3	0	3	5	1	0	1	3	2	5	1	0

INDICATOR 1			
Met	Partially Met	Not Met	N/A
3	2	1	0

Measure 1a		
Met	Not Met	NA
3	3	0

Measure 1b		
Met	Not Met	NA
5	1	0

INDICATOR 1



Appendix 3: List of CMHC QSR Instruments

1. Client Profile-CMHC

A Client Profile is completed by the CMHC prior to the beginning of the onsite portion of the QSR for each client scheduled to be interviewed. It provides information regarding demographics, eligibility, inpatient psychiatric admission(s), ACT, SE, CMHC crisis services contacts, legal involvement, accommodation(s) needed, guardian status and information for reviewers to know that will help make the interview successful.

2. Client Profile-DHHS

The Client Profile-DHHS is developed by a DHHS Data Analyst and is completed prior to the beginning of the onsite portion of the QSR for each client scheduled to be interviewed. It provides information on the frequency of services provided to each client including ACT, SE and crisis services. It also includes admission and discharge dates of inpatient psychiatric admissions at New Hampshire Hospital or any of the other Designated Receiving Facilities (DRF).

3. CMHC Profile

The CMHC Profile is completed by the CMHC prior to the start of the onsite review portion of the QSR. The profile provides information that helps the QSR reviewers become familiar with the CMHC and contributes to the final CMHC QSR report. The profile includes descriptive information about the services the CMHC offers to eligible adults including evidence based services, crisis services, available community supports, general practices and staffing information.

4. Clinical Record Review (CRR)

A CRR is completed by the QSR review team during the onsite portion of the QSR for each client scheduled to be interviewed. It includes sections on treatment planning, services provided, ACT, SE and job related services, housing supports, crisis services, natural supports and transitions from inpatient psychiatric admissions.

5. Client Interview Instrument (CII)

A CII is completed during the onsite portion of the QSR for each client interviewed. A client may be accompanied by his/her guardian or someone else that the client has indicated would

be a support. The CII includes sections on treatment planning, services provided, ACT, SE and job related services, housing supports, crisis services, natural supports and transitions from inpatient psychiatric admissions. A final question invites clients to share additional information about their experiences at the CMHC and the services they received.

6. Staff Interview Instrument (SII)

For each client interviewed, an SII is completed with a staff person selected by the CMHC who is familiar with the client, his/her treatment plan, the services he/she receives at the CMHC and activities that he/she participates in outside of the CMHC. The SII includes sections on treatment planning, services provided, ACT, SE and job related services, housing supports, crisis services, natural supports and transitions from inpatient psychiatric admissions. A final question invites staff to share additional information regarding the CMHC and the services provided to the client.

Appendix 4: Agency Overview

The Mental Health Center of Greater Manchester (MHCGM), established in 1960, is a private non-profit, community mental health center. MHCGM is approved by the NH DHHS from September 1, 2014 through August 31, 2019 as a Community Mental Health Program the NH Administrative Rule He-M 403.

MHCGM serves children, adults and families in Region VII, which encompasses 8 cities and towns across 3 counties. Based on DHHS data for state fiscal year 2016, MHCGM's unduplicated count of adults by eligibility categories was: 288 low utilizers, 1784 SMI, and 885 SPMI. The US Census, 2010-2014, 5-year estimate for MHCGM's catchment area was 158,341 adults.

MHCGM provides a comprehensive array of mental health and substance use services for older adult, adults, children, and families. These include Functional Support and Services (FSS), Cognitive Behavioral Therapy (CBT), prolonged exposure therapy, Dialectical Behavioral Therapy (DBT), Referral, Education Assistance and Prevention (REAP), Assertive Community Treatment (ACT), Supported Employment (SE), residential services, InSHAPE, Mobile Crisis, bariatric/weight loss surgery support, Mental Health First Aid, and Child Impact..

The Cypress Center, an Acute Psychiatric Residential Treatment facility, is managed by the MHCGM and is approved by the State as a 16-bed designated receiving facility (DRF).